



Your First Name	Initial	Last Name
Spouse's First Name	Initial	Last Name
Mailing Address (Number and Street, including Rural Route)		School District No.
City, Town, or Post Office	State	Zip Code
		County Abbreviation

Enter the first four letters of your last name. Use ALL CAPITAL letters.

Your Social Security Number

Enter the first four letters of your last name. Use ALL CAPITAL letters.

Spouse's Social Security Number

Daytime Telephone Number

If your name or address has changed since last year, mark an "X" in this box

If taxpayer (or spouse if filing joint) died during this tax year, mark an "X" in this box

Amended Return

(Mark ONE)

If this is an AMENDED 2016 Kansas return mark one of the following boxes:

- Amended affects Kansas only
- Amended Federal tax return
- Adjustment by the IRS

Filing Status

(Mark ONE)

- Single
- Married filing joint (Even if only one had income)
- Married filing separate
- Head of household (Do not mark if filing a joint return)

Residency Status

(Mark ONE)

- Resident
- Part-year resident from _____ to _____ (Complete Sch. S, Part B)
- Nonresident (Complete Sch. S, Part B)

Exemptions and Dependents

Enter the number of exemptions you claimed on your 2016 federal return. If no federal return is required, enter total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

If filing status above is Head of household, add one exemption.

Total Kansas exemptions.

Enter the requested information for all persons claimed as dependents. Do NOT include you or your spouse. Enclose separate schedule if necessary.

Name (please print)	Date of Birth (MMDDYY)	Relationship	Social Security Number

Food Sales Tax Credit

You must have been a Kansas resident for ALL of 2016. Complete this section to determine your qualifications and credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2016? YES NO
- B. Were you (or spouse) 55 years of age or older all of 2016 (born before January 1, 1961)? YES NO
- C. Were you (or spouse) totally and permanently disabled or blind all of 2016, regardless of age? YES NO

If you answered NO to A, B, and C, STOP HERE; you do not qualify for this credit.

D. If you answered YES to A, B, or C, enter your federal adjusted gross income from line 1 of this return. If it is more than \$30,615, STOP HERE; you do not qualify for this credit.

E. Number of exemptions claimed on your federal income tax return

F. Number of dependents that are 18 years of age or older (born before January 1, 1999)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter the result here and on line 17 of this form.

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Table with 4 columns: Line number, Description, Amount, and Total. Sections include Income, Deductions, Tax Computation, Credits, Use Tax, Withholding and Payments, Balance Due, and Overpayment.

Signature(s)

I authorize the Director of Taxation or the Director's designee to discuss my return and enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge this is a true, correct, and complete return.

Signature of taxpayer Date Signature of preparer other than taxpayer Phone number of preparer

Signature of spouse if Married Filing Joint

Tax preparer's EIN or SSN:

ENCLOSE any necessary documents with this form. DO NOT STAPLE.